



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W Purdue Ave

City: Muncie

County: Delaware

Administrator Name: Julia Jordan

Administrator Email: julia@makriseyemd.com

ASC Web Address:

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	554	865
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	635	
66821	175	
67040	14	
65235	10	
67031	6	
67041	6	
67210	5	
15823	3	
66761	3	
67036	3	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.

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